

## WAIVERS OF STATE PLAN PROVISIONS

State: WASHINGTON

### Type of Waiver

- ☐ 1115 - Research & Demonstration Projects
- ☐ 1915(b)(1) - Case Management System
- ☐ 1915(b)(2) - Locality as a Central Broker
- ☐ 1915(b)(3) - Sharing of Cost Savings (through:)
  - Additional Services
  - Elimination of Copayments
- ☐ 1915(b)(4) - Restriction of Freedom of Choice
- ☐ 1915(c) ☒ Home and Community-Based Services Waiver (non-model format)
  - ☐ Home and Community-Based Services Waiver (model format)
- ☐ 1916(a)(3) and/or (b)(3) - Nominality of Copayments

Title of Waiver and Brief Description: Core Waiver, which serves individuals that require residential habilitation services or live at home but are at immediate risk of out-of-home placement.

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Approval Date:

Renewal Date: 3/31/2007

Effective Date: 4/1/2004 (per waiver amendment approved 7/1/2004)

### Specific State Plan Provisions Waived and Corresponding Plan Section(s):

Comparability: Medicaid law requires that the services available to any categorically needy (CN) individual be equal in amount, duration and scope to services available to all CN individuals. A waiver has been granted to allow this program to provide additional services to a select subgroup of CN eligibles to allow them to reside outside an institutional setting.

Statewideness:

Freedom of Choice:

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Services:

CORE WAIVER	SERVICES	YEARLY LIMIT
	Behavior management and consultation Community guide Community transition Environmental accessibility adaptations Occupational therapy Respite care Sexual deviancy evaluation Skilled nursing Specialized medical equipment/supplies Specialized psychiatric services Speech, hearing and language services Staff/family consultation and training Transportation	Determined by the Plan of Care, not to exceed the average cost of an ICF/MR for any combination of services
	Residential habilitation	
	Community access Person-to-person Prevocational services Supported employment	
	MENTAL HEALTH STABILIZATION SERVICES: Behavior management and consultation Mental health crisis diversion bed services Skilled nursing Specialized psychiatric services	Limits determined by mental health or DDD
	Personal care	Limited by CARE assessment

Eligibility:

- Financial eligibility: The individual's gross income does not exceed 300 percent of the SSI benefit amount, and the individual's resources do not exceed \$2,000. Parental income is not considered for children.
- Functional eligibility: The individual must require the level of care provided in an ICF/MR.
- The individual must have a disability according to criteria established in the Social Security Act.
- Individual must also be a client of the Division of Developmental Disabilities.

Reimbursement Provisions (if different from approved State Plan Methodology): Payment for services is made via the Social Service Payment System (SSPS) or via A-19 invoice vouchers. Payment for pre-vocational, supported employment, community access, and person-to-person services is made to governmental agencies (counties). In addition, some residential habilitation services are provided by state employees.

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Signature of State Medicaid Director